

## PROJECT 10073 RECORD

1. DATE - TIME GROUP 12/0610 12 March 69 12/11102		2. LOCATION Dayton, Ohio	
3. SOURCE Civilian		10. CONCLUSION Probable Astro (STARS/PLANETS)	
4. NUMBER OF OBJECTS Two		No evidence presented to indicated sighting was not of Stars or Planets.	
5. LENGTH OF OBSERVATION 70 Minutes		11. BRIEF SUMMARY AND ANALYSIS  Observer sighted two star-like lights in the Northern sky. Lights disappeared with daylight.	
6. TYPE OF OBSERVATION Ground-Visual			
7. COURSE Seen in North			
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		<input checked="" type="checkbox"/>	
	STAND STILL AT ANYTIME?	<input checked="" type="checkbox"/>		
	SUDDENLY SPEED UP AND RUN AWAY?		<input checked="" type="checkbox"/>	
	BREAK UP IN PARTS AND EXPLODE?		<input checked="" type="checkbox"/>	
	CHANGE COLOR? <i>change in shade pure white to milk color</i>		<input checked="" type="checkbox"/>	
	GIVE OFF SMOKE?		<input checked="" type="checkbox"/>	
	CHANGE BRIGHTNESS? <i>little</i>	<input checked="" type="checkbox"/>		
	CHANGE SHAPE?		<input checked="" type="checkbox"/>	
	FLASH OR FLICKER?		<input checked="" type="checkbox"/>	
	DISAPPEAR AND REAPPEAR?		<input checked="" type="checkbox"/>	
	SPIN LIKE A TOP?		<input checked="" type="checkbox"/>	
	MAKE A NOISE?		<input checked="" type="checkbox"/>	
	FLUTTER OR WOBBLE?		<input checked="" type="checkbox"/>	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*first noticed something which is not ordinarily there  
very familiar with the area.*

A. HOW DID IT FINALLY DISAPPEAR?

*the observer turned before it disappeared  
(changed direction of his car)*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



*about the size of a dime*

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

*$\approx \frac{1}{3}$*



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EYEGLASSES</td><td><i>yes</i></td></tr> <tr><td>SUNGLASSES</td><td><i>no</i></td></tr> <tr><td>WINDSHIELD</td><td><i>yes</i></td></tr> <tr><td>SIDE WINDOW OF VEHICLE</td><td><i>no</i></td></tr> <tr><td>WINDOWPANE</td><td><i>no</i></td></tr> </table>	EYEGLASSES	<i>yes</i>	SUNGLASSES	<i>no</i>	WINDSHIELD	<i>yes</i>	SIDE WINDOW OF VEHICLE	<i>no</i>	WINDOWPANE	<i>no</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>CAMERA VIEWER</td><td><i>no</i></td></tr> <tr><td>BINOCULARS</td><td><i>no</i></td></tr> <tr><td>TELESCOPE</td><td><i>no</i></td></tr> <tr><td>THEODOLITE</td><td><i>no</i></td></tr> <tr><td>OTHER</td><td><i>no</i></td></tr> </table>	CAMERA VIEWER	<i>no</i>	BINOCULARS	<i>no</i>	TELESCOPE	<i>no</i>	THEODOLITE	<i>no</i>	OTHER	<i>no</i>
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THEODOLITE	<i>no</i>																				
OTHER	<i>no</i>																				
A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <i>0</i>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>3-10 mi.</i>																			
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.																					
<p><i>flash lite being held in sky, shining directly towards observer</i></p>																					
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.																					
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.																					



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.			
23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input type="checkbox"/> YES <input type="checkbox"/> NO.			
A. LIST THEIR NAMES AND ADDRESSES			
24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF			
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]			
ADDRESS (Street, City, State, Zip Code) [REDACTED] OHIO 45342			
TELEPHONE (Area Code and Number) [REDACTED]		AGE 35	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. NEWSPAPER WRITER FOR DAYTON JOURNAL MERCURY			
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? NAME LT. GUNDBRANSEN (S.O.O.) DAY 17 MONTH MARCH YEAR 1967			
26. DATE YOU COMPLETED THIS QUESTIONNAIRE. DAY 17 MONTH MARCH YEAR 1967			



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

observer is very familiar with the area.  
He knows what lights etc, are present  
normally.

May KIDD, CAPT W.

TODCO

LT STEWART



## PROJECT 10073 RECORD

1. DATE - TIME GROUP 17/2030 17 March 69 18/0130Z		2. LOCATION Dayton, Ohio	
3. SOURCE Civilian		10. CONCLUSION Possible Astro (VENUS)	
4. NUMBER OF OBJECTS One		Description is consistent with an observation of a star or planet. Venus is only about 2-3 deg below the horizon when object was last seen.	
5. LENGTH OF OBSERVATION 25 Minutes		11. BRIEF SUMMARY AND ANALYSIS  Observer sighted a bright light in the West.	
6. TYPE OF OBSERVATION Ground-Visual			
7. COURSE In West			
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



177 Mar 69

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT (UFO)

2 Apr 1969

SUBJECT:

UFO Observation, 17 Mar 1969

TO:

[REDACTED] n  
[REDACTED] Street  
Dayton, Ohio 45410

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R253

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 17 MONTH MARCH YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 30 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

STILL PRESENTHOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

4. TIME/ZONE

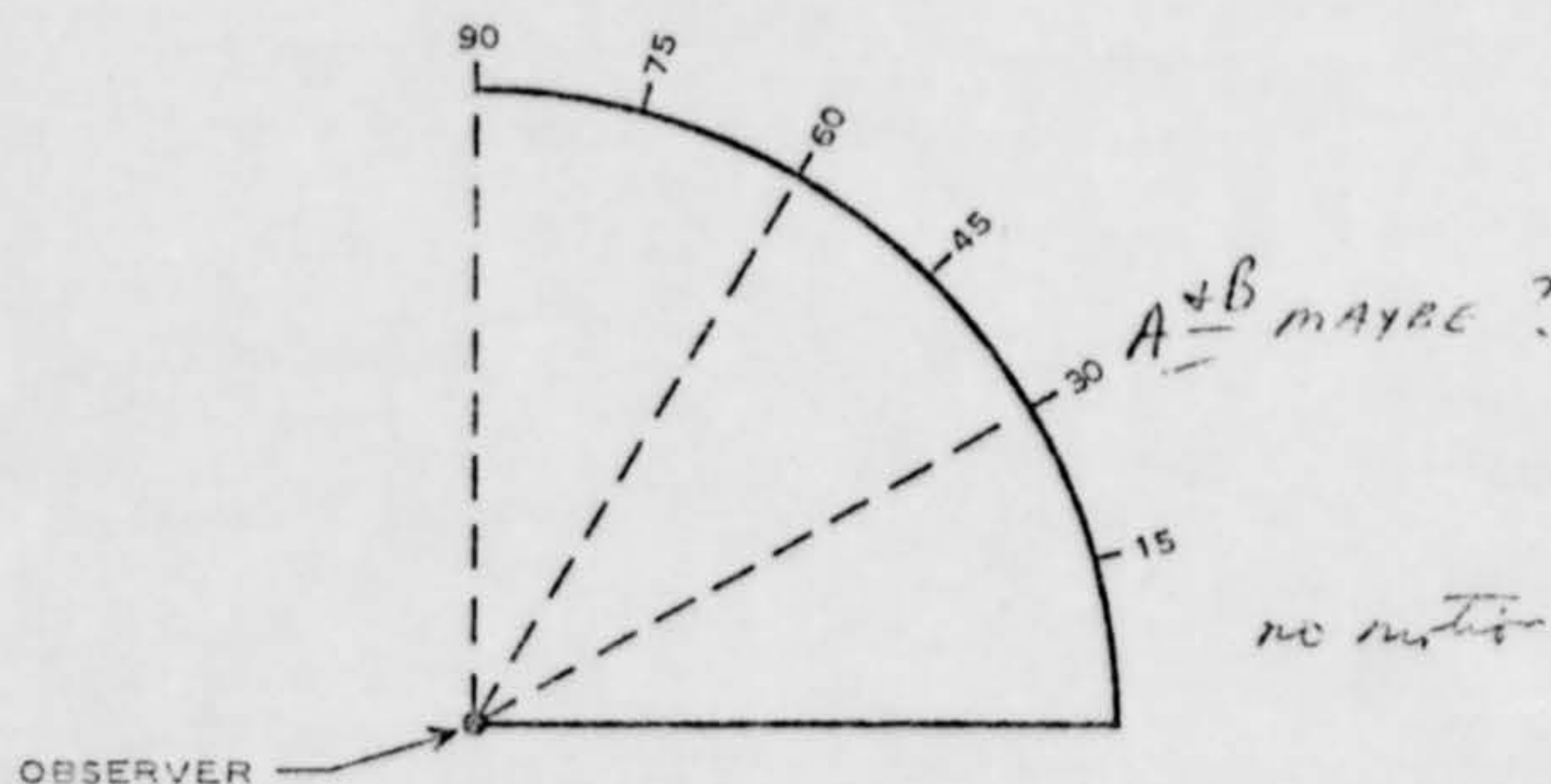
☐ DAYLIGHT SAVINGS☒ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

~~████████████████████~~ EAST DAYTON

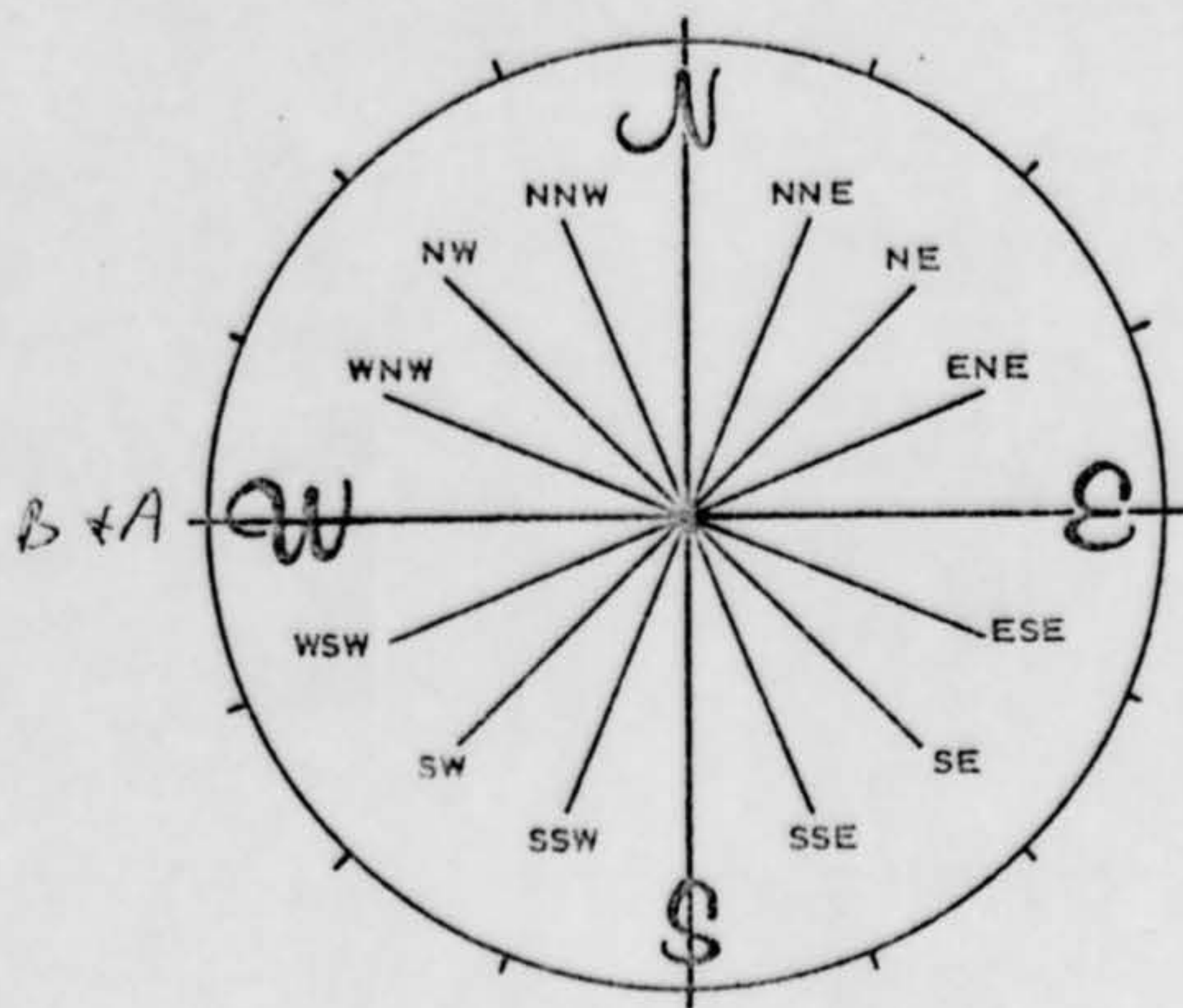
looking thru tree at this time — (changes later)

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

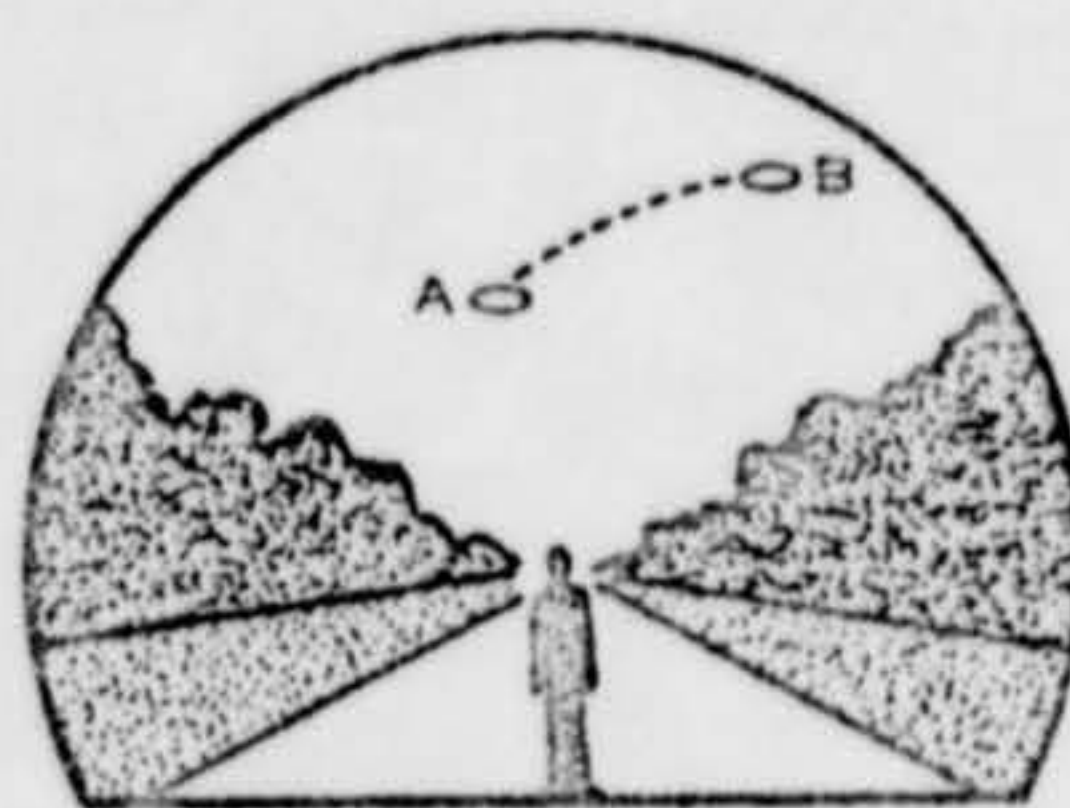
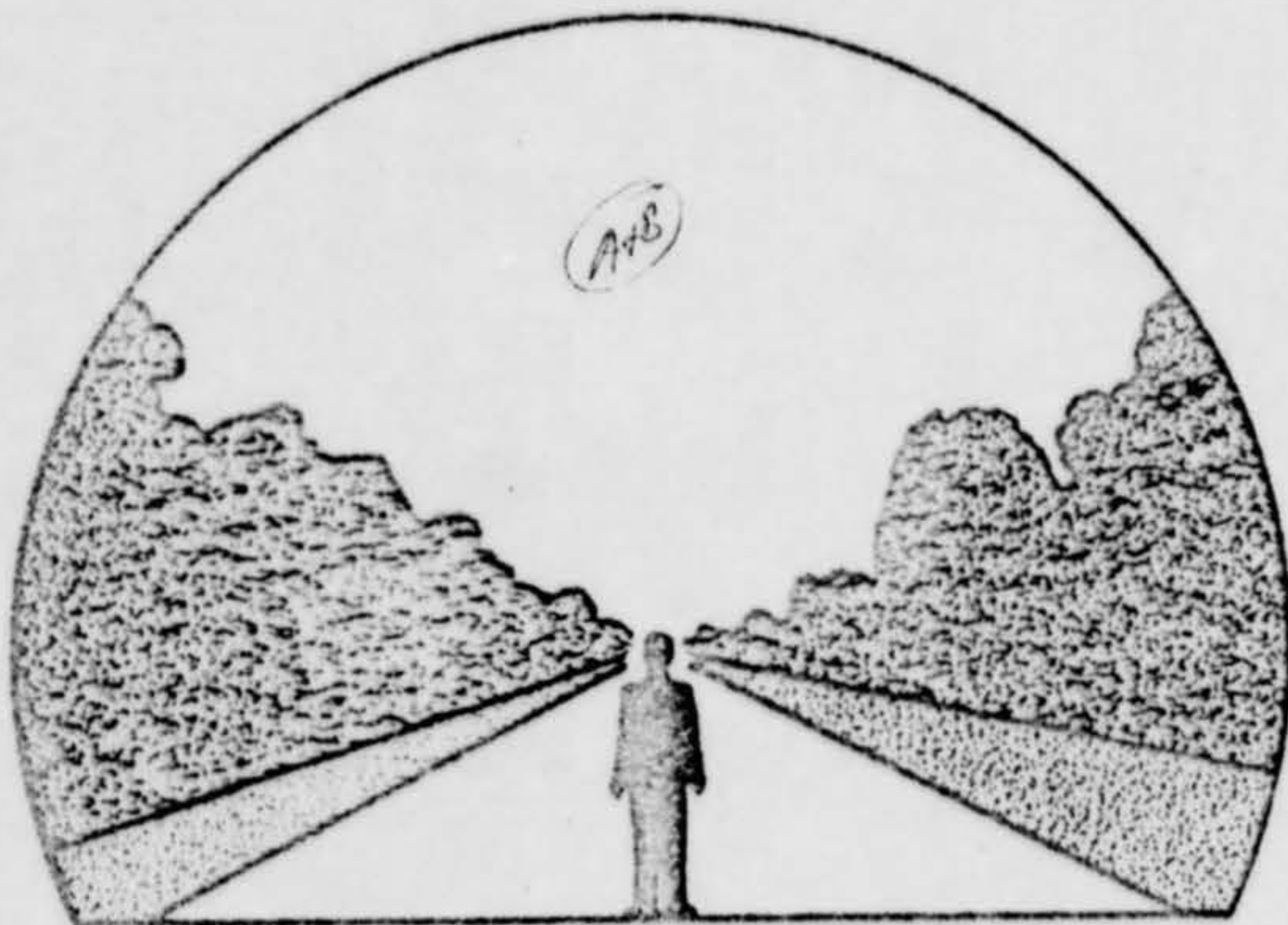




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



127 Mar 69

REPLY TO  
ATTN OF: TDPT (UFO)

13 MAR 1969

SUBJECT: UFO Observation, 12 Mar 69

TO:

[REDACTED]  
Dayton, Ohio 45424

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS <i>too</i> <input checked="" type="checkbox"/> IN BUILDING <i>then window</i> <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> IN BOAT <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> OTHER	<input type="checkbox"/> IN BUSINESS SECTION OF CITY <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY <input type="checkbox"/> IN OPEN COUNTRYSIDE <input type="checkbox"/> NEAR AIRFIELD <input type="checkbox"/> FLYING OVER CITY <input type="checkbox"/> FLYING OVER OPEN COUNTRY <input type="checkbox"/> OTHER		
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME <i>25 min &amp; still visible (setting sun)</i>	<input checked="" type="checkbox"/> CERTAIN OF TIME <input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> NOT VERY SURE <input type="checkbox"/> JUST A GUESS	
HOW WAS TIME DETERMINED? <i>clock</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

1 only

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR or partly cloudy		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
<input checked="" type="checkbox"/> NONE <i>few maybe</i>		<input type="checkbox"/> BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> A FEW		<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MANY		<input type="checkbox"/> MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

*few street lights few porch lights.  
pretty much dark around object.*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*like a star  
glows (now + then) ~~now~~  
self-luminous  
somewhat fuzzy  
round x  
larger than a star but smaller than street lamp*



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		✓	
	STAND STILL AT ANYTIME?	✓		
	SUDDENLY SPEED UP AND RUN AWAY?		✓	
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?			
	CHANGE BRIGHTNESS?			
	CHANGE SHAPE?			
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	✓
	FLUTTER OR WOBBLE?		✓	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*noticed an unusual lite in sky*

A. HOW DID IT FINALLY DISAPPEAR?

*still visible, but gradually diminishing in intensity.  
also moving very slowly.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

*moved behind a telephone pole  
tree also in area  
moved from area of tree to phone pole*



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

round



moves to the right of observer (north)

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

almost cover the object



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.											
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THEODOLITE											
OTHER											
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>inches</u>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>across town (DAYTON) 2-3 miles</u>									
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.											
<p><i>~ a glowing circle ?</i></p>											
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.											
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.											



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.			
23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.			
A. LIST THEIR NAMES AND ADDRESSES			
<div style="background-color: black; width: 250px; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right; margin-right: 50px;">DAYTON, OHIO</div>			
24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF			
LAST NAME, FIRST NAME, MIDDLE NAME			
ADDRESS (Street, City, State and Zip Code)			
DAYTON 10 OHIO			
TELEPHONE (Area code and number)	AGE	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
	19		
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.			
<div style="margin-bottom: 10px;"> <del>A. GTS</del>  UNITEC INDUSTRIES <i>see on base</i>  WORKS 4-12 Bldg 57 BAY 1 </div> <div style="margin-top: 50px; text-align: center; font-size: 1.2em;"> Time at Finish 9:10 PM </div>			
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?			
NAME <u>LT. GULBRANSEN (FTD SDO)</u> DAY <u>17</u> MONTH <u>MARCH</u> YEAR <u>1969</u>			
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.			
DAY <u>17</u> MONTH <u>MARCH</u> YEAR <u>1969</u>			



# PROJECT 10073 RECORD

1. DATE - TIME GROUP 17 March 69 17/2005 18/01052		2. LOCATION Dayton, Ohio
3. SOURCE Civilian	10. CONCLUSION Possible (BALLOON)	
4. NUMBER OF OBJECTS One	Description is consistent with past observations of garment bag hot air balloons. Also possible Venus which was at azimuth 285 deg at elevation of about 3 degrees.	
5. LENGTH OF OBSERVATION 10 Minutes	11. BRIEF SUMMARY AND ANALYSIS  Observer sighted a bright light in the west. The light move back and forth like a string being blown in the wind while seemingly descending altitude.	
6. TYPE OF OBSERVATION Ground-Visual		
7. COURSE Seen in West		
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		



17 Mar 69

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AF3C)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



2 Apr 1969

REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 17 Mar 1969

TO:

[REDACTED]  
Dayton, Ohio 45427

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 17 MONTH MARCH YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 05 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

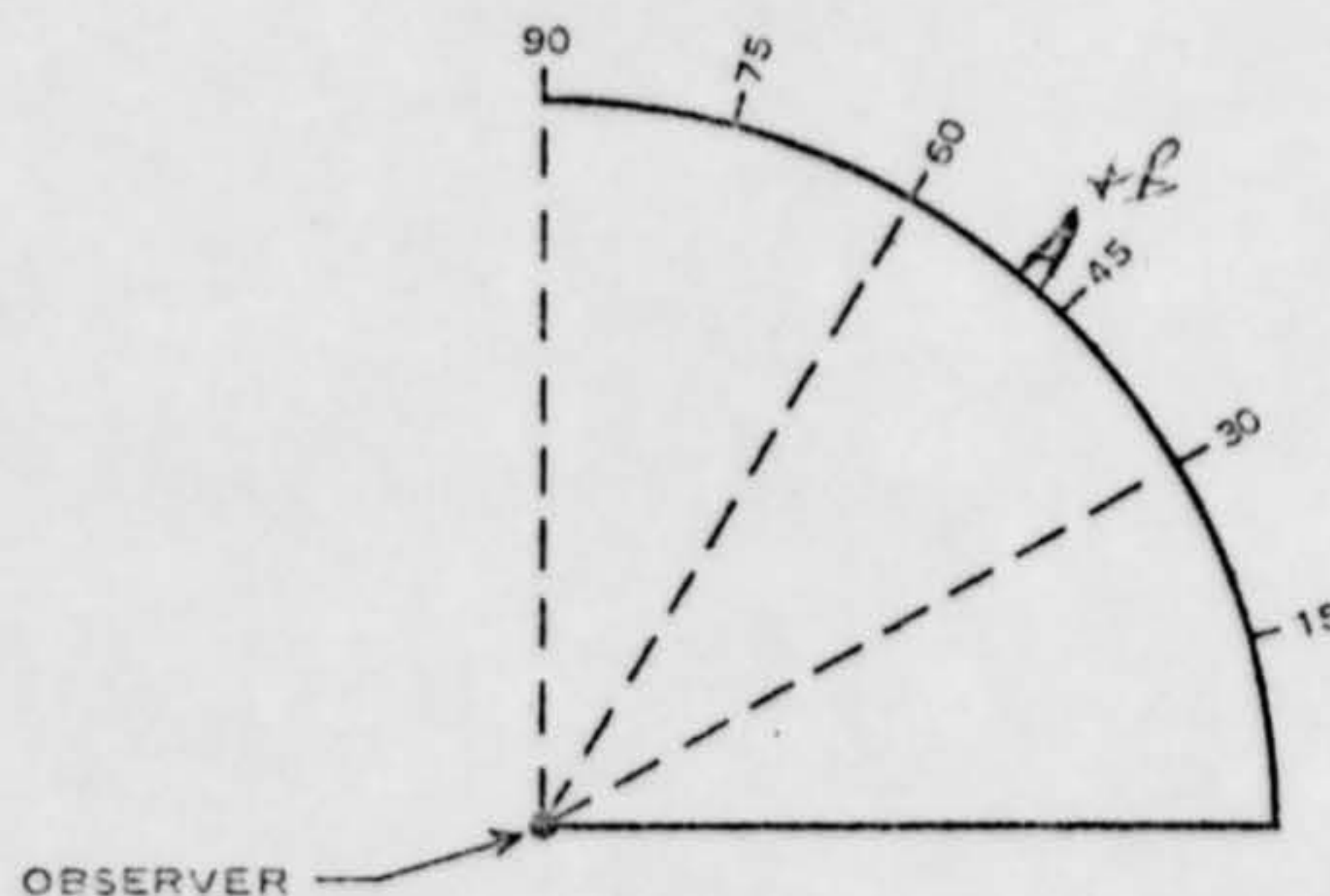
4. TIME/ZONE

☐ DAYLIGHT SAVINGS☒ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

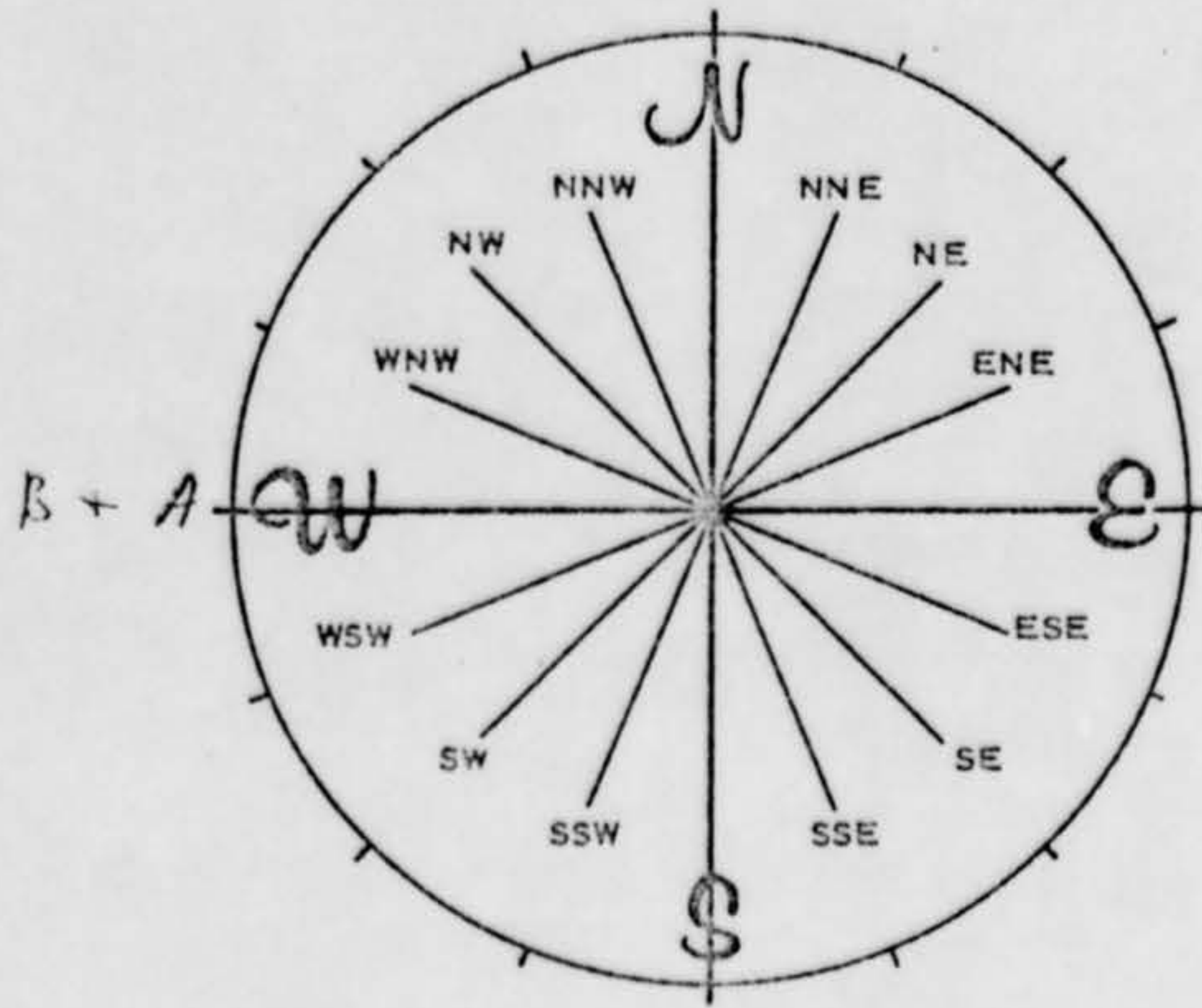
~~REDACTED ADDRESS~~ 45427

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

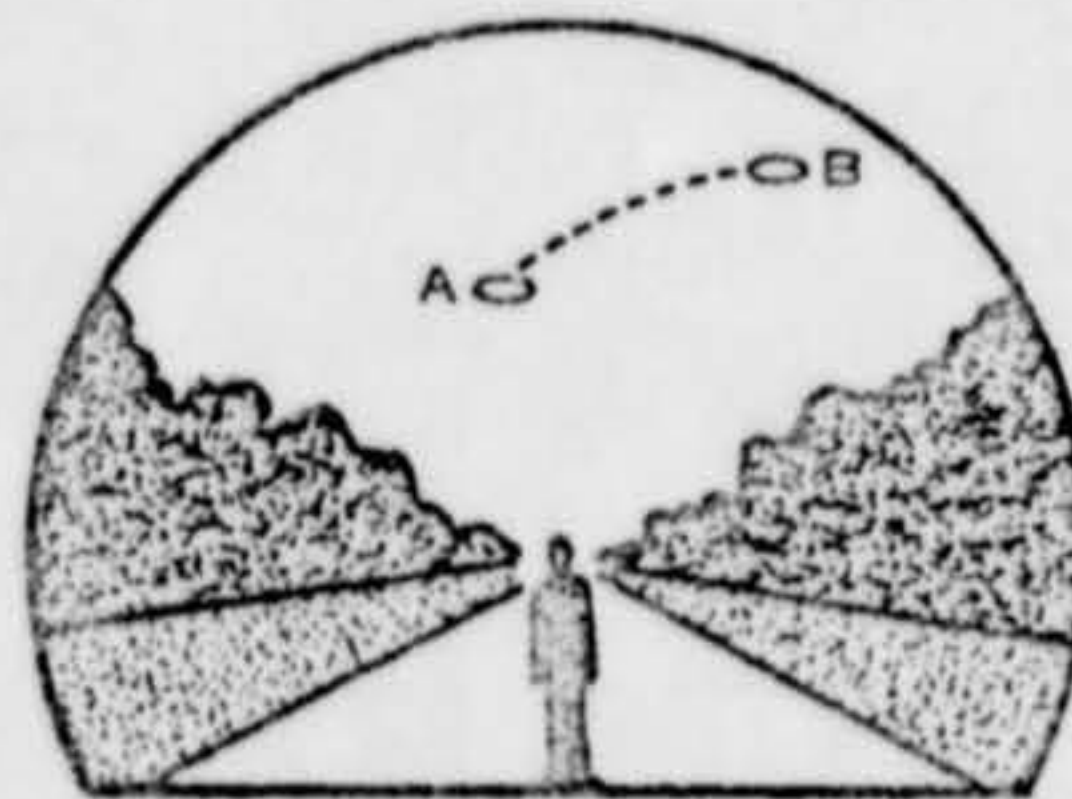
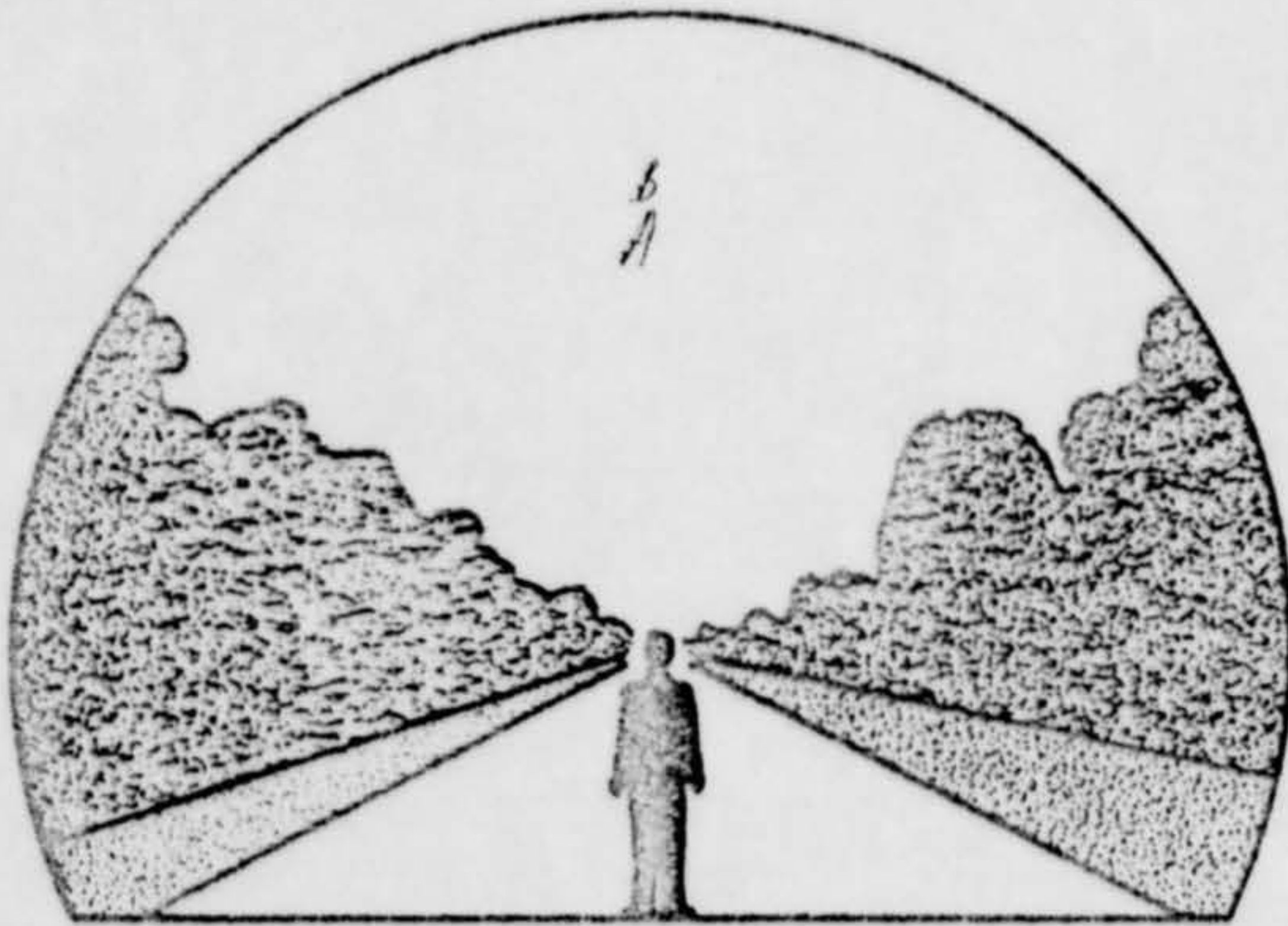




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





MEMO FOR RECORD

13 March 1969

SUBJECT: 12 March 1969 call from Ronald T. Lumpkin

On 12 March 1969, TDFT (UFO) received a call from [REDACTED]. He stated that at approximately 0610 hrs he observed two objects that looked like stars. One object was brighter than the other. Mr. [REDACTED] was looking to the North when he spotted the objects. The angular elevation of the brighter object was originally 60°, then 35°, then 45°. The angular elevation of the dimmer object was originally 55°, then 63°. The objects were last seen at 0715 hrs in the North. He said they disappeared with daylight. On 13 March 1969 an AF Form 117 was sent to Mr. [REDACTED] at the following address:

all directions and elevations are estimates



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS			IN BUSINESS SECTION OF CITY
<input checked="" type="checkbox"/> IN BUILDING <i>house</i>			<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER			IN OPEN COUNTRYSIDE
IN BOAT			NEAR AIRFIELD
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER			FLYING OVER CITY
OTHER			FLYING OVER OPEN COUNTRY
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOUTH	WEST		
NORTHEAST	SOUTHEAST		
NORTHWEST	SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. <i>slight movement</i>			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. <i>plane between observer + object then circled around object - like circling to land</i>			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME <i>10 min +</i>	<input checked="" type="checkbox"/>	CERTAIN OF TIME	NOT VERY SURE
		FAIRLY CERTAIN	JUST A GUESS
HOW WAS TIME DETERMINED? <i>clock</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

only 1

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT			<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT <input checked="" type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO <input type="checkbox"/> UNKNOWN
<input checked="" type="checkbox"/> MANY	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

lot of street lights, house lights, etc.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

very bright light (many times brighter than sixth star)  
 self luminous  
 solid  
~~fuzzy~~ sharp focus  
 round = circle  
 about size of baseball



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?	<i>left to right - "sight"</i>	✓		
STAND STILL AT ANYTIME?		✓		
SUDDENLY SPEED UP AND RUN AWAY?			✓	
BREAK UP IN PARTS AND EXPLODE?			✓	
CHANGE COLOR?			✓	
GIVE OFF SMOKE?			✓	
CHANGE BRIGHTNESS?			✓	
CHANGE SHAPE?			✓	
FLASH OR FLICKER?			✓	
DISAPPEAR AND REAPPEAR?			✓	
SPIN LIKE A TOP?			✓	
MAKE A NOISE?			✓	
FLUTTER OR WOBBLE?			✓	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*just noticed ✓ bright light  
unusually*

A. HOW DID IT FINALLY DISAPPEAR?

*still visible*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

*clear view of object*



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

like a baseball, bright + shiny  
appears to be dangling back + forth, like  
on a string being blown by a breeze



round

seems to be getting closer to Earth.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

$\approx \frac{1}{2}$  or less



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.			
EYEGLASSES	<i>No</i>	CAMERA VIEWER	<i>No</i>
SUNGLASSES	"	BINOCULARS	"
WINDSHIELD	"	TELESCOPE	"
SIDE WINDOW OF VEHICLE	"	THEODOLITE	"
WINDOWPANE	"	OTHER	
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <i>almost stable</i>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>at least 2 city blocks</i>	
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.			
<p><i>— Christmas tree ornament - very clean like, no rays, no glow.</i></p>			
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.			
<p><i>TV interference about 15 min before sighting (sound)</i></p>			
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.			



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. <i>Summer of 1967</i> <i>same area (Trotwood) seems to be close to Earth.</i>			
23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. <i>MOTHER</i>			
A. LIST THEIR NAMES AND ADDRESSES <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="text-align: right; margin-top: 10px;"><i>45-403</i></div>			
24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF			
LAST NAME, FIRST NAME, MIDDLE NAME <div style="background-color: black; height: 20px; width: 100%;"></div>			
ADDRESS (STREET) <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="text-align: right;"><i>(Trotwood)</i></div>			
<div style="display: flex; justify-content: space-between;"> <div>           CITY  <div style="background-color: black; height: 20px; width: 100%;"></div> </div> <div>           STATE  <div style="background-color: black; height: 20px; width: 100%;"></div> </div> <div>           ZIP  <div style="background-color: black; height: 20px; width: 100%;"></div> </div> </div>			
TELEPHONE <div style="background-color: black; height: 20px; width: 100%;"></div>		AGE <div style="background-color: black; height: 20px; width: 100%;"></div>	SEX <div style="display: flex; justify-content: space-around;"> <div>MALE <input type="checkbox"/></div> <div>FEMALE <input checked="" type="checkbox"/></div> </div>
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.  <i>Mother is base telephone operator</i> <i>observer works for General Telephone?</i>			
<div style="text-align: center; margin-top: 50px;"> <i>Time AT Finish approx 8:25 pm</i> </div>			
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? NAME <i>LT. GULBRANSEN (FTD S.D.O.)</i> DAY <i>17</i> MONTH <i>MARCH</i> YEAR <i>1969</i>			
26. DATE YOU COMPLETED THIS QUESTIONNAIRE. DAY <i>17</i> MONTH <i>MARCH</i> YEAR <i>1969</i>			



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

looks  $\approx 300\times$  bigger than a star

no comparison in brightness to star.

even brighter than street lte.



## PROJECT 10073 RECORD

1. DATE - TIME GROUP 16 March 69 16/2050 17/0150Z		2. LOCATION Dayton, Ohio	
3. SOURCE Civilian		10. CONCLUSION Probable AIRCRAFT  Description consistent with aircraft observation.	
4. NUMBER OF OBJECTS One			
5. LENGTH OF OBSERVATION 2 Minutes		11. BRIEF SUMMARY AND ANALYSIS  Observer sighted a bright light, similar to a flashlight held in the sky. The light remained stationary in the N. The observer turned, in his car and could not see it anymore.	
6. TYPE OF OBSERVATION Ground-Visual			
7. COURSE Stationary			
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

FORM

FTD SEP 63 0-329 (TDE) Previous editions of this form are void.



16 Mar 69

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF: TDPT (UFO)

2 Apr 1969

SUBJECT: UFO Observation, 16 Mar 1969

TO:

Mr. [REDACTED]

Miamisburg, Ohio 45342

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R238

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 16 MONTH MARCH YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 850-855 MINUTES        ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 8 MINUTES 55 ☐ A.M. ☒ P.M.

4. TIME ZONE

☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER☐ DAYLIGHT SAVINGS☒ STANDARD

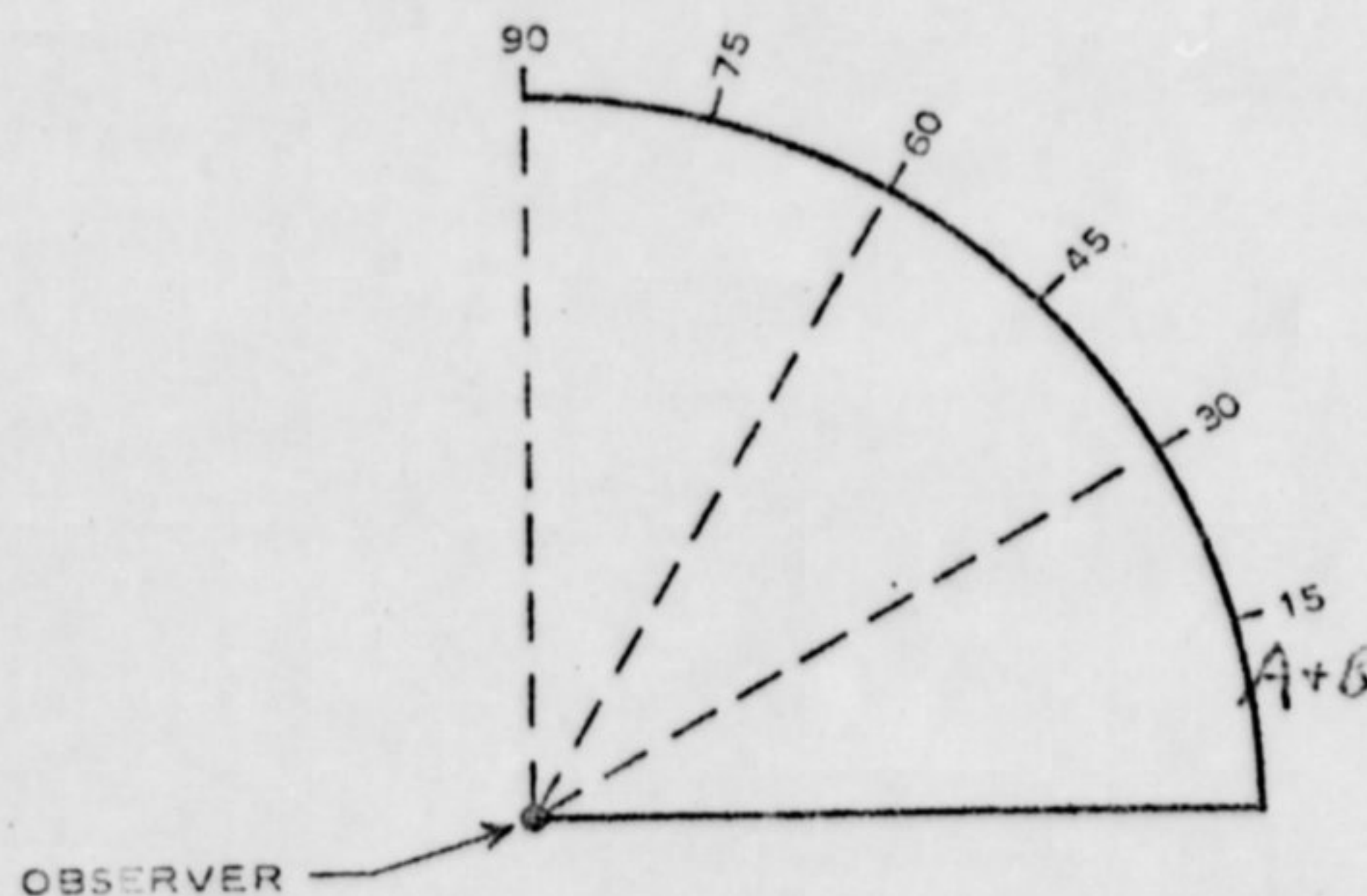
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

MIAMI TWP. on Union Road 2 mi S. of S.R. 725

Montgomery County

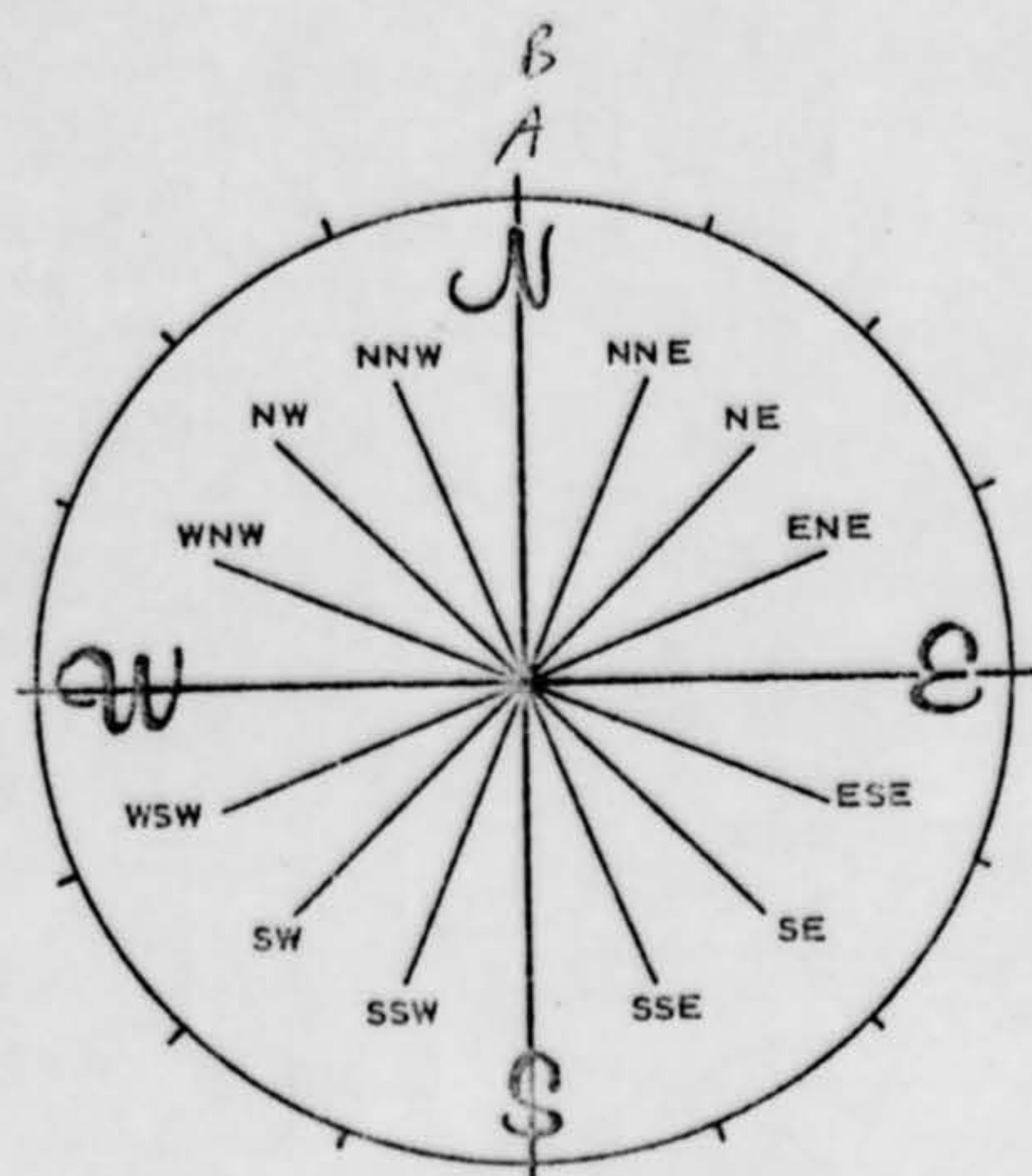
N. of Zeeb Road Intersection of lower German Town Road

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



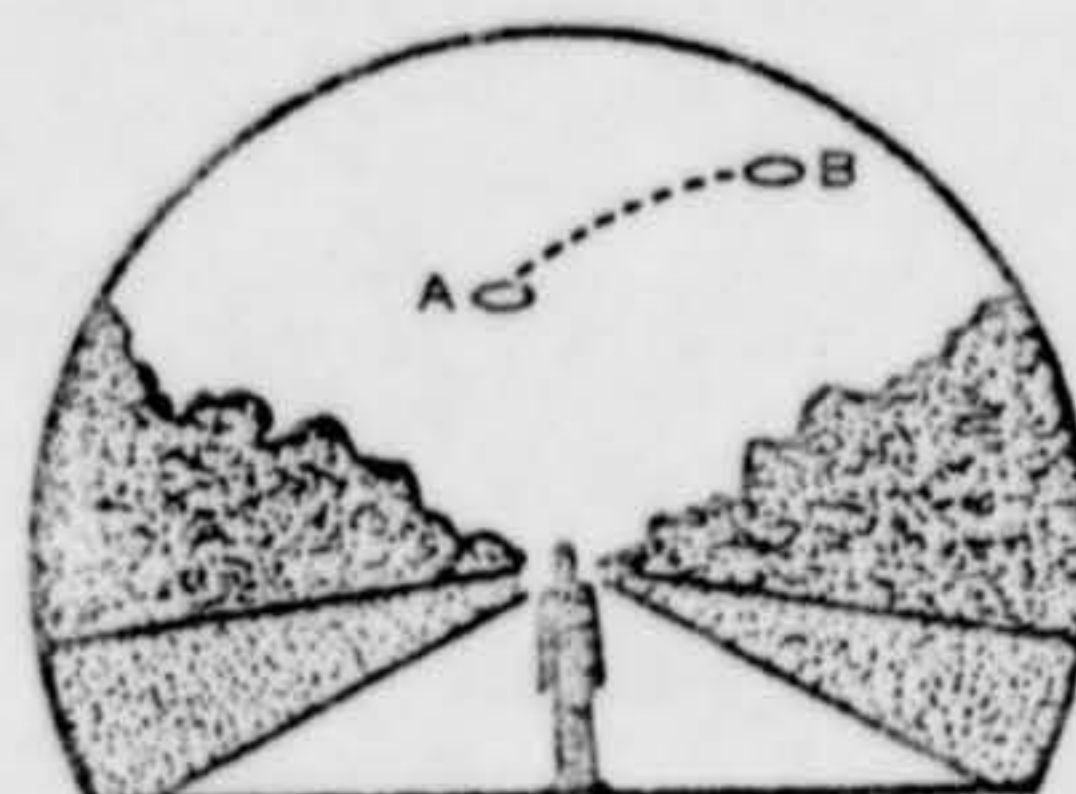
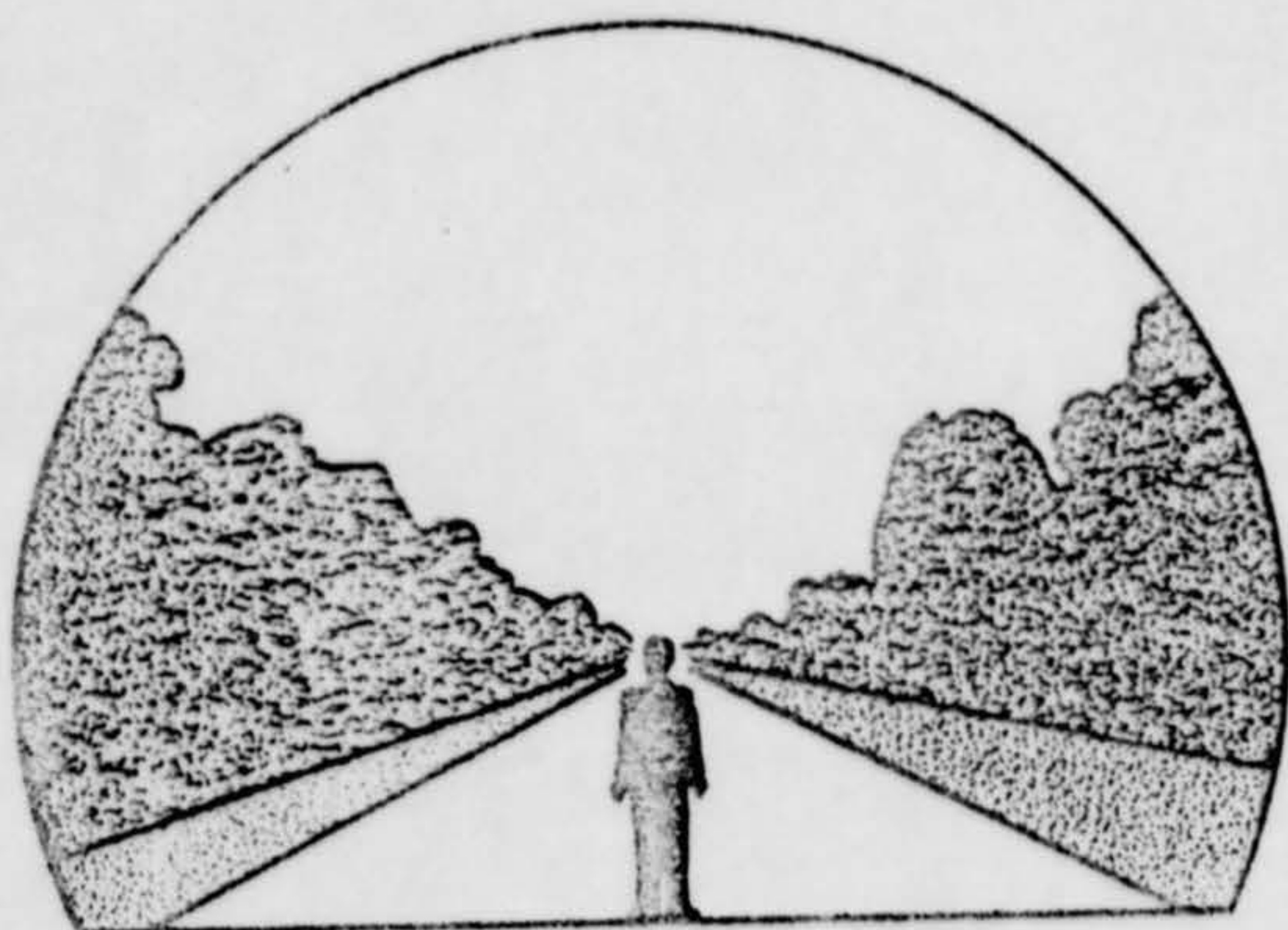


6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.

*no apparent movement*





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>OUTDOORS</td></tr> <tr><td>IN BUILDING</td></tr> <tr> <td> <input checked="" type="checkbox"/> IN CAR     <input checked="" type="checkbox"/> AS DRIVER     <input type="checkbox"/> AS PASSENGER         </td> </tr> <tr><td>IN BOAT</td></tr> <tr> <td> <input type="checkbox"/> IN AIRPLANE     <input type="checkbox"/> AS PILOT     <input type="checkbox"/> AS PASSENGER         </td> </tr> <tr><td>OTHER</td></tr> </table>	OUTDOORS	IN BUILDING	<input checked="" type="checkbox"/> IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	IN BOAT	<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	OTHER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>IN BUSINESS SECTION OF CITY</td></tr> <tr><td>IN RESIDENTIAL SECTION OF CITY</td></tr> <tr><td>IN OPEN COUNTRYSIDE</td></tr> <tr><td>NEAR AIRFIELD</td></tr> <tr><td>FLYING OVER CITY</td></tr> <tr><td>FLYING OVER OPEN COUNTRY</td></tr> <tr><td>OTHER</td></tr> </table>	IN BUSINESS SECTION OF CITY	IN RESIDENTIAL SECTION OF CITY	IN OPEN COUNTRYSIDE	NEAR AIRFIELD	FLYING OVER CITY	FLYING OVER OPEN COUNTRY	OTHER
OUTDOORS														
IN BUILDING														
<input checked="" type="checkbox"/> IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER														
IN BOAT														
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER														
OTHER														
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IN RESIDENTIAL SECTION OF CITY														
IN OPEN COUNTRYSIDE														
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FLYING OVER OPEN COUNTRY														
OTHER														
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:														
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?												
<input checked="" type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHEAST <input type="checkbox"/> NORTHWEST <input type="checkbox"/> SOUTHWEST	20-25 mph DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.														
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. <i>4 dr sedan / road straight terrain rolling (no hills obscuring view)</i> <i>he is very familiar with the area.</i>														
HOW MUCH OTHER TRAFFIC WAS THERE? <i>no other traffic</i>														
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.														
9. HOW LONG WAS THE PHENOMENON IN SIGHT?														
LENGTH OF TIME	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE												
<i>~ 2 min (observed)</i>	<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS												
HOW WAS TIME DETERMINED? <i>approx</i>														
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.														



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

only 1

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT			<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input checked="" type="checkbox"/> A FEW	<input checked="" type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> MANY	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

NONE

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

white to cream in color (intensity varied)

self-luminous

solid - object appeared to be solid

more sharp than fuzzy - sharply defined like

definitely not a star

coin shape still size of coin ○